

FILED JUL 6 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19251

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5635</u>		Registrar's No. <u>105</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural Union TS</u> TOWN		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural Union TS</u> TOWN		<u>0530</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 Miles S. Phillipsburg</u>				d. STREET ADDRESS (If rural, give location) <u>2 1/2 Miles S. Phillipsburg</u>			
3. NAME OF DECEASED (Type or Print) <u>Thomas J. Essary</u>				4. DATE OF DEATH <u>June 11, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>May 5, 1881</u>	
9. AGE (In years last birthday) <u>74</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Conway, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Essary</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Deckard</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clyde Stevens, Conway, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Not known - had a heart ailment but no physician for years</u>				DUE TO (b) <u>7955</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Body was decomposed so badly that no examination could be made - that would determine cause - body was in bed</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , <u>that I had seen the deceased</u> <u>mail</u> <u>June 11, 1955</u> , and that death occurred at <u>3</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Heilla L. Hay</u> (Degree or title)				23b. ADDRESS <u>Local Registrar - 242 Taylor - Lebanon Mo</u>		23c. DATE SIGNED <u>6-24-1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/24/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Conway Baptist Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Conway, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-24-1955</u>		REGISTRAR'S SIGNATURE <u>Heilla L. Hay</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. R. Palmer</u>		ADDRESS <u>Lebanon Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 7-5-55  
Laclede County Health Un  
File No. 105  
Date Filed 7-5-55

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

S. P. Palmer

Licensed Embalmer No. 2208

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.